

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>ml</i>		<i>04-04-01</i>
O.I.P.E. CLASSIFIER		<i>49</i>	<i>4/30/01</i>
FORMALITY REVIEW	<i>MD</i>	<i>579</i>	<i>5/8/01</i>
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

Best Available Copy

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
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